

MARYLAND STATE DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD DEVELOPMENT • OFFICE OF CHILD CARE
200 West Baltimore Street, 10TH Floor, Baltimore, Maryland 21201

APPLICATION FOR TRAINING VOUCHER

An application for a training voucher shall be accepted only for a pre-service training, a statewide conference, or a national conference. Applicant must hold a current Maryland Child Care Credential of Level Two or higher.

INSTRUCTIONS: Complete this application form and mail it with all documentation to the Office of Child Care (OCC) at the above address within 60 days prior to the date of the training. Complete all information in the spaces provided. All applications must be accompanied by required documentation. Incomplete applications **will not** be processed.

PERSONAL INFORMATION:

Applicant's Name: _____
(Please print or type) Last First Middle Maiden

Social Security #(required): _____ Annual Family Income: _____
(Federal Tax Form 1040 – Line 22)

Mailing Address: _____
Number Street Apt. # (if applicable) City State Zip Code

Daytime Phone #: _____ Alternate Phone #: _____

E-mail Address: _____

I am a: (Check the appropriate box.)

☐ I am a Family Child Care Provider, registration #: _____

☐ I work in a Child Care Center: Center Name _____ License# _____

TRAINING INFORMATION: Check the appropriate box: ☐ **CONFERENCE** ☐ **PRE-SERVICE COURSE**

Title: _____ Date: _____

Trainer / Training Organization:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

COST: \$ _____

Attach: Conference/Pre-Service Training advertisement (Information must include date of conference/Pre-Service training, cost, session title, organization name and if applicable, OCC assigned approval number.)

ASSURANCES:

All information on this application is true and accurate to the best of my knowledge. I understand that any false statement on this application will result in it being rejected. I further understand that if I receive a training voucher I will:

- Attend the Conference/Pre-Service training named on the voucher;
- Submit documentation to the Office of successful completion of the training;
- Be required to repay the amount of the voucher if I do not successfully complete the training for which it was issued; and
- No longer be eligible for training vouchers if I do not successfully complete the training for which it was issued.

Applicant's Signature: _____ Date: _____
(Must be signed in **BLUE INK**)

Keep a copy of the completed application and all documentation for your files.
OCC 273a (Revised 04/2015) - All previous editions are obsolete.